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Application Data Sheet 37 CFR 1.				Applicati	ion Numbe	r				
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	Armanda			Cinderella			NIEU	JWKERK		
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City	Eindhoven		Cour	ntry Of Res	idencei	NL				
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Mailin	g Address of A	pplicant:								
Addre	ss 1	Prof. Holst	tlaan 6							
Addre	ss 2									
City	Eindhoven	<u> </u>			State	e/Provin	nce			
Posta	Code	5656 AA			Country	NL				
Applic	ant 2			L				Remove		
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Application Data Sheet 37 CFR				1 76 Attorney Dock		cket N	et Number NL040		0048					
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Title of Invention MIRROR WITH BUIL				ISPLAY			·							
Citizenship under 37 CFR 1.41(b) NL														
	ddress of A	` .												
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Address 1		Prof. Holstlaar	an 6											
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Customer	Number	24737	4737											
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Applicat	tion Info	mation:												
Title of the	e Invention	MIRROR V	VITH BU	IILT-IN DIS	SPLAY									
Attorney Docket Number NL040048				Small Entity Status Claimed										
Application	pprovisional													
Subject M	Utility													
Suggeste	d Class (if a	ny)				S	ub Clas	s (if any	')					
Suggeste	Suggested Technology Center (if any)													
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Application Dat	a She	et 37 CFR 1.76	Attorney Docket Number NL04004							
			Application	n Number						
Title of Invention	MIRRO	OR WITH BUILT-IN DIS	SPLAY							
Publication Inform	ation:									
Request Early Publication (Fee required at time of Request 37 CFR 1.219)										
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Assignee Info	rmati	on:								
		ne application data she ment recorded in the O		ubstitute for compli	ance with any	requirement	of part 3 of Title 37			
Assignee 1						Rer	nove			
If the Assignee is ar	n Orgar	nization check here.	√							

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Application Da	ta She	eet 37 CFR 1.76	Attorney Docket Number	NL040048				
Application ba	ita one	et 37 CHR 1.70	Application Number					
Title of Invention	MIRR	OR WITH BUILT-IN DIS	BPLAY					
Organization Name		ONINKLIJKE PHILIPS	ELECTRONIC, N.V.					
Mailing Address I	nforma	tion:						
Address 1 GROENEWOUDSE			WEG 1					
Address 2								
City		EINDHOVEN	State/Provir	nce				
Country i NL			Postal Code	5621 BA				
Phone Number			Fax Number					
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Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.									
Signature	/Michael E. Marion/		Date (YYYY-MM-DD)	2006-07-10					
First Name	Michael E.	Last Name	Marion	Registration Number	32,266				

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